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PROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028788 (2)

FILED May 06 1998 8:00am Secretary of State

SUNRISE IMMIGRATION SERVICE	ES, INC.						
Principal Place of Business	Mailing Address		{			(B)() (B)() (1	
30 W. SUNRISE BLVD.	30 W. SUNRISE BLVD.						
FT LAUDERDALE FL 33311	FT LAUDERDALE FL 33	311	1				
			<u> </u>	DO NOT WR	HTE IN THIS SI	PACE	
			3.	Date Incorporated or Qualifie 03/31/1997	ed		
2. Principal Place of Business	2a. Mailing Address		4.	CCI Number		- I A	pplied For
21	28 30 W	Sugalsa	- B W	65-0738	62R		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		,				Additional
22	27		5.	Certificate of Status Desired			equired
City & State	City & State		6.	Election Campaign Financing		\$5.00	May Be
23 FORT LAUDERDA le	28 Floreid	の		Trust Fund Contribution			to Fees
Zip Country	Zip	Country		This corporation owes or has	paid the curre	ent year in	tangible
14 (333 IV 25	29	30 BRDWA	RD [_	Personal Property Tax due Ju	une 30.	Yes [□ No
9, Name and Address of Curre	nt Registered Agent		10.	Name and Address of New	Registered A	gent	
HONORE, MATHIAS		81 Name					
30 W. SUNRISE BLVD.		82 Street	Address /D	O. Box Number is Not Accer	atabla)		
FT LAUDERDALE FL 33311		02 3(199)	Address (P.	O. DOX NUMBER IS NOT ACCEL	nabie)		
, , , , , , , , , , , , , , , , , , , ,		83					-,
		11					
		64 City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.05	02 and 607 1508 Florida Stati	utes the above name	Corporation	submits this statement for th		channing i	te registered
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblin 	e of Florida Such change was	authorized by the co	rooration's b	oard of directors. I hereby ac	cept the appo	intment as	registered
agent i am ramiliar with, and accept the obli	gations of, Section 607,0505, F	Florida Statutes.		ŕ			
SIGNATURE							
SIGNATURE Signature, typed or printed name of registered a	gent and little if applicable (NC	OTE: Registered Agent signatur	e required when	reinstating)	DATE		
SIGNATURE Signature, typed or profed name of impictered a 12. OFFICERS AT	gent and title if applicable (NC ND DIRECTORS	DTE: Registered Agent signatur	e required when		DATE FICERS AND	DIRECTOR	RS IN 12
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